

Foster Family Home - Corrective Action Report

Provider ID: 1-170076

Home Name: Joyce Agustin, CNA

Review ID: 1-170076-5

99-150 Holo Place

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 11/12/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 11/12/19. Corrective Action Report issued during home inspection with all items due to CTA by 12/12/19.


6.(d)(1) - see applicable sections of the review

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current blood borne pathogen certification for CG #3 and CG #4.


Compliance Manager


Primary Care Giver

11/12/19
Date

11/12/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: JOYCE AGUSTIN
CCFFH Address: 99-150 Holo Place Aiea, Hawaii 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8)	I received current Blood borne pathogens certificate from CG#3 and CG#4. I placed the certificates in my CCFFH binder.	11/15/2019	I placed the expiration dates for blood borne pathogens for all Caregivers in my phone calendar. I set the reminder for 2 weeks before expiration.

Primary Caregiver's Signature: 

Print Name: JOYCE I. AGUSTIN

Date of Signature: 11/15/2019